

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2-26-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 62284, 62298 and 76000-26 rendered from 2-27-02 through 4-24-02 in the amount of \$1278.00.

II. FINDINGS & RATIONALE

The respondent denied reimbursement based upon “U – Unnecessary medical treatment, and V - Unnecessary medical treatment and or service per peer review.”

The requestor obtained preauthorization approval on 2-19-02 and 3-27-02 for cervical ESIs. Therefore, insurance carrier violated Rule 133.301(a) by retrospectively denying payment of preauthorized treatment based upon medical necessity. Services will be reviewed in accordance with MFG.

III. DECISION

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-27-02 4-24-02	62284	\$330.00	\$0.00	U, V	\$303.00	Rule 133.301(a)	Operative report supports service billed, reimbursement of \$303.00 X 2 = \$606.00 is recommended.
2-27-02 4-24-02	62298	\$650.00	\$0.00	U, V	\$314.00		Per the operative report a cervical ESI, C-arm fluoroscopic guidance, myelogram and spinal injection of local anesthetic was performed. The CPT code descriptor states in part, “Injection of substance other than anesthetic.... epidural.” Cervical ESIs are to be billed using code 62289 per Surgery GR (I)(E)(4)(c). This procedure is not supported in Operative report; therefore, reimbursement is not recommended.
2-27-02 4-24-02	76000-26	\$110.00	\$0.00	U, V	\$22.00		Operative report supports service billed, reimbursement of \$22.00 X 2 = \$44.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$650.00

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 62284 and 76000-26 in the amount of **\$ 650.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$650.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 06th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division